

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for 15 dates of service (DOS) commencing on 10/11/01 and extending through 01/23/02?
- b. The request was received on 05/30/02

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/08/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 05/29/02
"...on each patient encounter the following procedures are performed. A history or consultation is done to ascertain any change in condition or symptoms and concerns...a palpation of the spine is done...followed by a derefield leg check...Once these procedures have been completed the need for a specific chiropractic adjustment to specific vertebrae or other structures is established..."

2. Respondent: letter dated 07/03/02
 “The documentation submitted for Medical Dispute does not give substantial evidence of improvement in the claimants medical condition nor does it show that the care given should not be considered maintenance treatment.”

IV. FINDINGS

- Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are those commencing on 10/11/01 and extending through 01/23/02.
- The carrier’s EOBs have the denial: “N – Not Documented, Upon review, documentation as submitted does not support the level of service(s) billed.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
10/11/01	99213-MP	\$40.00	\$0.00	N	\$48.00	Texas Workers' Compensation Act & Rules, Rule 133.304 (c); MFG, MGR (I)(B)(1)(b), CPT descriptor	In the carrier's response to the medical dispute it appears to be altering or providing a more expanded explanation of its denial. Rule 133.304 (c) requires the carrier EOBs to provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). Based on the carrier's EOBs, the carrier's position is that the documentation does not support the level of service billed. The carrier has failed to explain on its EOBs what documentation is missing and has failed to meet the criteria established in Rule 133.304 (c). Therefore, reimbursement of \$600.00 is recommended.
10/17/01		\$40.00	\$0.00		\$48.00		
10/24/01		\$40.00	\$0.00		\$48.00		
10/31/01		\$40.00	\$0.00		\$48.00		
11/07/01		\$40.00	\$0.00		\$48.00		
11/14/01		\$40.00	\$0.00		\$48.00		
11/20/01		\$40.00	\$0.00		\$48.00		
11/27/01		\$40.00	\$0.00		\$48.00		
12/06/01		\$40.00	\$0.00		\$48.00		
12/13/01		\$40.00	\$0.00		\$48.00		
12/18/01		\$40.00	\$0.00		\$48.00		
01/02/02		\$40.00	\$0.00		\$48.00		
01/09/02		\$40.00	\$0.00		\$48.00		
01/16/02		\$40.00	\$0.00		\$48.00		
01/23/02		\$40.00	\$0.00		\$48.00		
Totals		\$600.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$600.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$600.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of November 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division